Los Angeles County Sheriff's Department
Officer Involved Shooting

Report Date: 07/08/20	Bureau/Station/Facility: Custody Services Division/TTCF	Admin. Invest.? ☐ Hit? ☑

Incident Information

URN: 018-00017-3199-057	Date: March 6, 2018 Time: 0336
City or Station: Lake Elsinore, Riverside County	Nature of Incident: Deputy Campbell was involved in a hit shooting when he attempted to detain vehicle burglary suspects. Deputy Campbell was on his way to work and in uniform at the time of incident.
Location: McVicker Canyon Park Road / Edgewood Drive	

Location Type (check one or more):
- ☐ Backyard
- ☐ Beach
- ☐ Business
- ☐ Freeway
- ☐ Industrial
- ☐ Park
- ☐ Parking Lot
- ☐ Residence
- ☐ Rural
- ☐ School
- ☑ Street
- Other:

Lighting (check only one):
- ☐ Darkness
- ☐ Daylight
- ☐ Other
- ☑ Street Lights

Weather (circle only one):
- ☑ Clear
- ☐ Cloudy
- ☐ Fog
- ☐ Rain

Distance: 3 Feet

Total # of Shots Fired by Deputy: 1

Total # of Shots Fired by Suspect: 0

Incident Type (check one or more):
- ☐ Accidental
- ☐ Armed Person
- ☑ Fleeing Suspect
- ☐ Foot Pursuit
- ☐ Gun Take Away
- ☑ Moving Vehicle
- ☐ Sniper/Ambush
- ☐ Startle
- ☐ Struggle Involved
- ☐ Traffic Stop
- ☐ Unarmed Person
- ☐ Unintentional
- ☐ Vehicle Pursuit
- ☐ Warrant Service
- ☐ Warning Shot
- Other:

Initiated by (check only one):
- ☐ Arrest Warrant
- ☐ Call
- ☑ Observation
- ☐ One Person Unit
- ☐ Other
- ☐ Search Warrant
- ☐ Two Person Unit

Prior Activity (check only one):
- ☐ Detective
- ☐ Inmate Transport
- ☑ Other
- ☐ Routine Patrol

Aero Unit? ☐ Canine Unit? ☐

Employee Witnesses

Employee #	Last Name	First Name	M.I.	ShiftTime (check only one)	ShiftType (check only one)
				☐ EM ☐ PM ☐ Day	☐ Regular ☐ Overtime ☐ Off Duty
				☐ EM ☐ PM ☐ Day	☐ Regular ☐ Overtime ☐ Off Duty
				☐ EM ☐ PM ☐ Day	☐ Regular ☐ Overtime ☐ Off Duty

Non-Employee Witnesses

Last Name: [redacted]		First Name: [redacted]		M.I. [redacted]	
Street Address: [redacted]	City: [redacted]	Zip Code: [redacted]	Work Ph: [redacted]	Home Ph: [redacted]	
Last Name: [redacted]		First Name: [redacted]		M.I. [redacted]	
Street Address: [redacted]	City: [redacted]	Zip Code:	Work Ph: [redacted]	Home Ph: [redacted]	
Last Name: [redacted]		First Name: [redacted]		M.I.	
Street Address: [redacted]	City: [redacted]	Zip Code: [redacted]	Work Ph: [redacted]	Home Ph: [redacted]	

Supervisors

Employee #	Last Name	First Name	M.I.	(check one or more)
				☐ On Duty ☐ Present during shooting ☐ Witness to shooting ☐ Involved in shooting
				☐ On Duty ☐ Present during shooting ☐ Witness to shooting ☐ Involved in shooting

Watch Sergeant

Employee #	Last Name	First Name	M.I.
[redacted]	Castillo	Armando	

Watch Commander

Employee #	Last Name	First Name	M.I.
[redacted]	Pittack	David	

PSTD Use Only

SH # 2450197

Officer Involved Shooting

JRN: 018-00017-3199-057

Rollout Information

Arrival Date	Arrival Time	Date Submitted	Date of Recommendation
03/06/18	0800	07/08/20	

Employee #	Last Name	First Name	M.I.
[redacted]	Arellano	Thomas	M
[redacted]	Alvarez	Irys	D
[redacted]	Burse	Michael	A

Shooting / Force Information

Method

(AW) Arwen
(BC) Baton:(Control)
(BI) Baton:(Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds:(Control Techniques)
(TT) Control Holds:(Team Takedown)
(TD) Control Holds:(Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device Hobble (Legs Only)
(TP) Restraint Device Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hand
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(SH) Shoulder
(WR) Wrist

Brand

(AK) AK-47
(BN) Benelli
(BR) Beretta
(BW) Browning
(CH) Charter Arms
(CO) Colt
(DA) Davis Industries
(GL) Glock
(HA) Harrington & Richardson
(HI) Hi Standard
(HK) H & K
(IT) Ithica
(IV) Iver Johnson
(JE) Jennings
(LO) Lorcin
(LU) Luger
(MA) Marlin
(MO) Mossberg
(NC) NCI aka SKS
(NA) North American
(NO) Norinco
(RA) Raven
(RM) Remington
(RG) RG
(RI) RGI
(RO) Rossi
(SW) Smith & Wesson
(SR) Sturm Ruger
(SS) SIG Sauer
(ST) Sterling
(TA) Taurus
(WE) Weatherby
(WN) Winchester
(US) US Government
(YY) Handmade (Inmate)
(XX) Homemade (Non-Inmate)
(ZZ) Other Brand

Caliber

(9) 9 mm
(10) 10 mm
(12) 12 guage
(20) 20 guage
(21) .22-250
(22) .22 caliber
(23) .223 caliber
(24) 243 caliber
(25) .25 caliber
(30) .308 caliber
(35) .357 caliber
(36) 30-60 caliber
(38) .38 caliber
(40) .40 caliber
(41) .410 guage
(44) .44 caliber
(45) .45 caliber
(50) 50 mm
(SL) Slug
(WW) Other caliber

FORCE APPLIED *(one code per block)*

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S#1	E#!	OV					CP	KN
E#1	S#1	FH	BR	9	Y	Y	GS	FI

Officer Involved Shooting
Involved Employee Information

URN: 018-00017-3199-057

Involved Employee

E 1

Employee # [redacted]	Last Name: Campbell	First Name: Todd	M.I. A
Sex: M Race: White	Rank: DSG	Unit Assignment: TTCF	Work Assignment (Unit #, Module, etc.): LCMC
ShiftTime (circle only one): ☑ EM ☐ PM ☐ Day	ShiftType (circle only one): ☐ Regular ☐ Overtime ☑ Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case #: Interviewed? ☐
Hrs of sleep prior to shooting:	Duty Time (hrs):	Clothing (circle only one): ☐ Plain Clothes no Vest ☐ Raid Jacket w/ Vest ☐ Plain Clothes w/ Vest ☑ Uniform no Vest ☐ Raid Jacket no Vest ☐ Uniform w/ Vest	Other Factors:
Age: [redacted] Height: 5'10"	Weight: 200		
Range Qualification Date: [redacted]		PPC Qualification Date: [redacted]	Laser Training Date: [redacted]
Certified with Weapon Used? [redacted]	Patrol Certification? [redacted]	Certification Unit: [redacted] Prior Shootings? [redacted]	Number of Prior Shootings: [redacted] Directed Force: [redacted]
Weapons Fired Brand: Beretta Caliber: 9mm	# Shots: 1	Weapons Fired Brand:	Caliber: # Shots:
Field Training Officer Emp #:	Last Name:	First Name:	M.I.
Field Training Officer Emp #:	Last Name:	First Name:	M.I.

E

Employee #:	Last Name:	First Name:	M.I.
Sex: Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):
ShiftTime (circle only one): ☐ EM ☐ PM ☐ Day	ShiftType (circle only one): ☐ Regular ☐ Overtime ☐ Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case #: Interviewed? ☐
Hrs of sleep prior to shooting:	Duty Time (hrs):	Clothing (circle only one): ☐ Plain Clothes no Vest ☐ Raid Jacket w/ Vest ☐ Plain Clothes w/ Vest ☐ Uniform no Vest ☐ Raid Jacket no Vest ☐ Uniform w/ Vest	Other Factors:
Age: Height:	Weight:		
Range Qualification Date:		PPC Qualification Date:	Laser Training Date:
Certified with Weapon Used? ☐	Patrol Certification? ☐	Certification Unit: Prior Shootings? ☐	Number of Prior Shootings: Directed Force: ☐
Weapons Fired Brand: Caliber:	# Shots:	Weapons Fired Brand:	Caliber: # Shots:
Field Training Officer Emp #:	Last Name:	First Name:	M.I.
Field Training Officer Emp #:	Last Name:	First Name:	M.I.

E

Employee #:	Last Name:	First Name:	M.I.
Sex: Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):
ShiftTime (circle only one): ☐ EM ☐ PM ☐ Day	ShiftType (circle only one): ☐ Regular ☐ Overtime ☐ Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case #: Interviewed? ☐
Hrs of sleep prior to shooting:	Duty Time (hrs):	Clothing (circle only one): ☐ Plain Clothes no Vest ☐ Raid Jacket w/ Vest ☐ Plain Clothes w/ Vest ☐ Uniform no Vest ☐ Raid Jacket no Vest ☐ Uniform w/ Vest	Other Factors:
Age: Height:	Weight:		
Range Qualification Date:		PPC Qualification Date:	Laser Training Date:
Certified with Weapon Used? ☐	Patrol Certification? ☐	Certification Unit: Prior Shootings? ☐	Number of Prior Shootings: Directed Force: ☐
Weapons Fired Brand: Caliber:	# Shots:	Weapons Fired Brand:	Caliber: # Shots:
Field Training Officer Emp #:	Last Name:	First Name:	M.I.
Field Training Officer Emp #:	Last Name:	First Name:	M.I.

Officer Involved Shooting
Suspect Information

URN: 018-00017-3199-057

Suspect Information

S 1

Last Name: Cortez	First Name: Jessica	M.I. R
AKA Last Name	First Name	M.I.

Sex: F Race: Hispanic	Street Address: [redacted]	City: [redacted]	State & Zip Code: [redacted]
Work Phone:	Home Phone: [redacted]	Social Security #:	Driver's License #: [redacted]
Age: 19 D.O.B. 02/17/99	Height: 503 Weight: 116	FBI #: [redacted]	CII #: [redacted]
Booking #: 201808810	Primary Charge: 245(C) PC	Secondary Charge:	
Coroner Case? ☐	Coroner Case #:	Intoxication/Drug Usage? ☑	Substance Used: Marijuana/Alcohol
Armed? ☐	Apprehended? ☑	Mental Illness? ☐	Criminal History? [redacted]

Vehicle Make	Model	Year	Parole	Probation	Prior Felony Conviction
KIA	Sportage	2000			

S

Last Name	First Name	M.I.
AKA Last Name	First Name	M.I.

Sex: Race:	Street Address:	City:	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #:	CII #:
Booking #:	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #:	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐

Vehicle Make	Model	Year	Parole	Probation	Prior Felony Conviction

S

Last Name	First Name	M.I.
AKA Last Name	First Name	M.I.

Sex: Race:	Street Address:	City:	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #:	CII #:
Booking #:	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #:	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐

Vehicle Make	Model	Year	Parole	Probation	Prior Felony Conviction

S

Last Name	First Name	M.I.
AKA Last Name	First Name	M.I.

Sex: Race:	Street Address:	City:	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #:	CII #:
Booking #:	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #:	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐

Vehicle Make	Model	Year	Parole	Probation	Prior Felony Conviction

See Other Side